2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000112057

FILED Nov 05, 2009 Secretary of State

Entity Nan	ne: DRIVING	MATTERS OCALA INC			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
3229 E SIL' OCALA, FL	VER SPRINGS 344710 US				
Current Mailing Address:			New Mailing Address:		
10511 SW OCALA, FL	64TH COURT - 34476 US				
FEI Number:	32-0218527	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	ALERIE J 3 HIGHWAY 4 W, FL 34420	41 US	LOSITO, VALERIE J 11547 S US HIGHWAY BELLEVIEW, FL 34420	441 US	
The above in the State		submits this statement for the p	ourpose of changing its registered o	office or registered agent, or both,	
SIGNATURE: VALERIE J LOSITO				11/05/2009	
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () KELLY, METRY 10511 SW 64TH OCALA, FL 344	H COURT	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VP () KELLY, EUGEN 10511 SW 64TH OCALA, FL 344	I COURT	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	SEC () KELLY, JAIMIE 10511 SW 64TH OCALA, FL 344	I COURT	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	TREA () KELLY, JOEL D	Delete	Title: (Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: METRY KELLY P 11/05/2009

10511 SW 64TH COURT

OCALA, FL 34476 US

Address:

City-St-Zip: